

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

**NURSE AIDE CONTINUING EDUCATION
Instructor Roster**

This information must be typed and completed by the instructor at the beginning of each course. Submit instructor roster, update certification forms completed by each of the trainees, and any attachments to the Kansas Department of Health and Environment after the candidates have successfully completed the course. The trainee must attach a copy of his/her nurse aide certificate to assist in eliminating possible delays. **Please send no fee.**

Instructor Name: _____

Instructor Number: _____ Course Number: _____ Course Begins: ____/____/____ Ends: ____/____/____

Sponsoring School Name: _____

Sponsoring School Mailing Address: _____

The students on this roster satisfactorily completed the specified hours of the Kansas Nursing Home Nurse Aide Update course in accordance with KAR 28-39-170.

Authorized Signature

____/____/____
Date

INSTRUCTOR USE ONLY NAME (Last, First, MI, Other)	KDHE USE ONLY

KDHE Verification Date _____

Continue on other side if necessary

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING
Signature Building
1000 SW JACKSON, Ste 330
TOPEKA KS 66612-1365

www.kdhe.state.ks.us/hoc

